

## 2004 HEALTH AND MEDICAL RECORD

## LEVEL A: Participants in all Backcountry Program (Meets BSA Class 3 Requirements)

**THE PHILMONT TREK EXPERIENCE**

A Philmont trek is physically, mentally and emotionally demanding. Each person will carry a 35 to 50 lb. pack while hiking 5 to 12 miles per day in an isolated mountain wilderness, ranging from 6,500 to 12,500 feet in elevation. Climatic conditions include temperatures from 30 to 90 degrees F, low humidity (10-30%) and frequent, sometimes severe, afternoon thunderstorms. Activities include horseback riding, rock climbing and rappelling, challenge events, pole climbing, blackpowder shooting, 12 gauge trap shooting, .30-06 shooting, trail building, mountain biking and other activities that may have potential for injury. Philmont strives to minimize risks to participants and advisors by emphasizing proper safety precautions. Refer to the *Guidebook to Adventure*, which will be mailed in mid-March, for specific information. Philmont staff instruct participants in safety measures to be followed. Each participant and crew is expected to follow these safety measures and to accept responsibility for the health and safety of each of its members.

**RECOMMENDATIONS REGARDING CHRONIC ILLNESSES**

Philmont requires that this information be shared with the parent(s) or guardian(s) and examining physician of every participant. Philmont does not have facilities for extended care or treatment, therefore, participants who cannot meet these requirements will be sent home at their expense.

**CARDIAC OR CARDIOVASCULAR DISEASE**

Adults who have had any of the following should undergo a thorough evaluation by a physician before considering participation at Philmont.

1. Angina (chest pain caused by blocked blood vessels or coming from the heart)
2. Myocardial infarction (heart attack)
3. Heart surgery or heart catheterization (including angioplasty to treat blocked blood vessels, balloon dilation, or stents).
4. Stroke or transient ischemic attacks (TIA's)
5. Claudication (leg pain with exercise caused by hardening of the arteries)
6. Family history of heart disease or a family member who died unexpectedly before age 50
7. Diabetes
8. Smoking and/or Excessive Weight

Youths who have congenital heart disease or acquired heart disease such as rheumatic fever, Kawasaki's disease or mitral valve prolapse should undergo thorough evaluation by a physician before considering participating at Philmont.

The altitude at Philmont and the physical exertion involved may precipitate either a heart attack or stroke in susceptible persons. Participants with a history of any of the first seven (7) conditions listed above should have a physician supervised stress test. More extensive testing (e.g. nuclear stress test) is recommended for participants who have coronary heart disease. **Even if the stress test is normal, the results of testing done at lower elevations and without the backpacks carried at Philmont do not guarantee safety.** If the test results are abnormal, the individual is advised not to participate.

**HYPERTENSION (HIGH BLOOD PRESSURE)**

The combination of stress and altitude appears to cause significant increase in blood pressure in some individuals attending Philmont. Occasionally hypertension reaches such a level that it is no longer safe to engage in strenuous activity. Hypertension can increase the risk of having a stroke, developing altitude sickness, or angina. **Persons coming to Philmont should have a normal blood pressure (less than 135/85).** Persons with significant hypertension (greater than 150/95) should be treated before coming to Philmont, and should continue on medications while at Philmont. **The goal of treatment should be to lower the blood pressure to normal. Persons with mild hypertension (greater than 135/85 but less than 150/95) probably require treatment as well.** It is the experience of the Philmont medical staff that such individuals often develop significant hypertension when they arrive at Philmont. Participants already on antihypertensive therapy with normal blood pressures should continue on medications. Diuretic therapy to control hypertension is not recommended because of the risks of dehydration which exist with strenuous activity at high altitude and low humidity. Each participant who is 18 years of age or older will have his or her blood pressure checked at Philmont. **Those individuals with a blood pressure consistently greater than 150/95 may be kept off the trail until the blood pressure decreases.**

**INSULIN DEPENDENT DIABETES MELLITUS**

Exercise and the type of food eaten affect insulin requirements. Any individual with insulin-dependent diabetes mellitus should be able to monitor personal blood glucose and to know how to adjust insulin doses based on these factors. The diabetic person also should know how to give a self injection. Both the diabetic person and one other person in the group should be able to recognize indications of excessively high blood sugar (hyperglycemia or diabetic ketoacidosis) and to recognize indications of excessively low blood sugar (hypoglycemia). The diabetic person and one other individual should know the appropriate initial responses for these conditions. It is recommended that the diabetic person and one other individual carry insulin on the trek (in case of accident) and that a third vial be kept at the Health Lodge for backup. Insulin can be carried in a small thermos which can be re-supplied with ice or cold water at most staffed camps. In addition, bring all appropriate testing equipment and supplies.

An insulin dependent diabetic who has been newly diagnosed (within last 6 months) or who has undergone a change in delivery system (e.g. insulin pump) in the last 6 months, should not attempt to participate in the strenuous activities encountered at Philmont. A diabetic person who has had frequent hospitalizations for diabetic ketoacidosis or who has had frequent problems with hypoglycemia should not participate in a trek at Philmont until better control of the diabetes has been achieved. Call Philmont at 505-376-2281 to obtain permission from the chief medical officer for individuals hospitalized within the past year.



### **EXCESSIVE BODY WEIGHT**

Any youth or advisor who exceeds the maximum weight limits on the Philmont weight chart is at extreme risk for health problems. (Refer to Page 6)

### **SEIZURES (EPILEPSY)**

A seizure disorder or epilepsy does not exclude an individual from participating at Philmont. However, the seizure disorder should be well controlled by medications. A minimum one year seizure-free period is considered to be adequate control. Exceptions to this guideline may be considered by Philmont's chief medical officer and will be based on the specific type of seizure and the likely risks to the individual and to other members of the crew. The medical staff at the Health Lodge may place some restrictions on activities (rock-climbing, horse riding, etc.) for those individuals who are approved for participation but whose seizures are incompletely controlled.

### **ASTHMA, ALLERGY OR ANAPHYLAXIS**

Asthma should be well-controlled before coming to Philmont. Well-controlled asthma means: 1) the use of an inhaler 0 or 1 time a day; 2) no need for nighttime treatment with a short-acting bronchodilator. Well controlled asthma may include the use of long-acting bronchodilators, inhaled steroids or oral medications such as Singulair. You must meet these guidelines in order to participate. You will not be allowed to participate if: 1) you have exercise asthma not prevented by medications; or 2) you have been hospitalized or have gone to the emergency room to treat asthma in the past 6 months; or 3) you have needed treatment with oral steroids (prednisone) in the past 6 months.

You must bring a 15 day supply of your medications **and** a spare inhaler. At least one other member of the crew should know how to recognize signs of worsening asthma or an asthma attack, and should know how to use the bronchodilator. Any person who has needed treatment for asthma in the past 3 years must carry an inhaler on the trek. If you do not bring an inhaler, you must buy an inhaler at Philmont before you will be allowed to participate.

Allergy shots may be given to persons on a maintenance dose and who have not had an anaphylactic reaction. You must bring your own medications. Philmont staff may not be able to give allergy shots while persons are on their trek.

Persons who have had an anaphylactic reaction for any cause must contact Philmont before coming. If you are allowed to participate, you will be required to have appropriate treatment with you. You and at least one other member of your crew must know how to give the treatment. If you do not bring appropriate treatment with you, you will be required to buy it at Philmont before you will be allowed to participate.

### **RECENT MUSCULOSKELETAL INJURIES AND ORTHOPEDIC SURGERY**

Every Philmont participant will put a great deal of strain on feet, ankles, and knees. Participants who have had orthopedic surgery, including arthroscopic surgery or significant musculoskeletal injuries, within the past six (6) months, find it difficult or impossible to negotiate Philmont's steep rocky trails. To be cleared to backpack by the Philmont medical staff, individuals with significant musculoskeletal problems (including back problems) or recent orthopedic surgery must have a letter of clearance from their orthopedic surgeon or treating physician. A person with a cast on any extremity may participate only if approved by a Philmont physician. Ingrown toenails are a common problem and must be treated 30 days prior to arrival. All such problems will be reviewed by a Philmont physician to determine if participation in a trek will be permitted.

### **PSYCHOLOGICAL AND EMOTIONAL DIFFICULTIES**

A psychological disorder does not necessarily exclude an individual from participation. Parents and advisors should be aware that a Philmont trek is not designed to assist participants to overcome psychological or emotional problems. Experience demonstrates that these problems frequently become magnified, not lessened, when a participant is subjected to the physical and mental challenges of a trek at high elevation, carrying a heavy backpack over steep, rocky trails. Any condition should be well controlled without the services of a mental health practitioner. **Under no circumstance should medication be stopped immediately prior to a Philmont trek and medication should be continued while at Philmont. Participants requiring medication must bring an appropriate supply for the duration of the trip.**

### **MEDICATIONS**

Each participant at Philmont who has a condition requiring medication should bring an appropriate supply for the duration of the trip. The pharmacy at the Health Lodge is limited and the identical medications may not be available. In certain circumstances duplicate or even triplicate supplies of vital medications are appropriate. People with an allergy to bee, wasp or hornet sting must bring an EpiPen or equivalent with them to Philmont.

**An individual with congenital or chronic medical conditions should always contact the family physician first and call Philmont at 505-376-2281 if there is a question about the advisability of participation. Philmont's chief medical officer and other medical staff of the Health Lodge reserve the right to make medical decisions regarding the participation of individuals at Philmont.**



Name \_\_\_\_\_ Social Security # \_\_\_\_\_ \*Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ Grade Completed (youth only) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_  
Council Name \_\_\_\_\_ Unit # \_\_\_\_\_ Religious Preference \_\_\_\_\_

**\*THE MINIMUM AGE/GRADE REQUIREMENT FOR ALL PARTICIPANTS OF PHILMONT HIGH ADVENTURE EXPEDITIONS IS 14 BY JANUARY 1 OF THE YEAR ATTENDING OR HAVE COMPLETED THE EIGHTH (8TH) GRADE AND BE AT LEAST 13 YEARS OF AGE PRIOR TO PARTICIPATION. YOU MUST COMPLY WITH THIS REQUIREMENT. PHILMONT CAN MAKE NO EXCEPTIONS.**

**PLEASE ATTACH PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD. IF FAMILY HAS NO MEDICAL INSURANCE, STATE "NONE".**

Family Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_  
Address of Insurance Company \_\_\_\_\_ City, State, Zip \_\_\_\_\_

**In Case of Emergency, Notify:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone # (\_\_\_\_) \_\_\_\_\_ Business Phone # (\_\_\_\_) \_\_\_\_\_  
Alternate Contact \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

This health and medical record, including limitations indicated, is valid for participation in Scouting (unit activities, camping, local and national events) for 12 months after date completed by physician. Each participant is subject to a medical recheck at Philmont. Philmont recognizes the right of a Scout not to have immunizations, etc. because of religious beliefs, however, a statement signed by the parents is required, indicating that the Scout is free from contagious disease and is able to physically tolerate the altitude and terrain as described in this form. Write Philmont for a copy of the statement.

Philmont trail food is, by necessity, a high carbohydrate, high caloric diet. The trail food is high in wheat, milk products, sugar and corn syrup, and artificial coloring/flavoring. All dinner meals contain meat. If participant has a problem with the diet described above, contact Philmont for a copy of the trail menu and plan to send supplemental food. Philmont will deliver supplemental food to the appropriate pickup places.

**PARTICIPANT HEALTH HISTORY**

**Are you now, or have you ever been treated for any of the following: (Answer "Yes" or "No")**

Heart Disease \_\_\_\_\_ High Blood Pressure \_\_\_\_\_ Orthopedic Problems \_\_\_\_\_ Asthma \_\_\_\_\_ Seizures (Epilepsy) \_\_\_\_\_  
Sinus Trouble \_\_\_\_\_ Kidney Disease \_\_\_\_\_ Earaches/Infections \_\_\_\_\_ Abdominal Problems \_\_\_\_\_ Frequent Diarrhea \_\_\_\_\_  
Hay Fever \_\_\_\_\_ Bleeding Disorders \_\_\_\_\_ Fainting Spells \_\_\_\_\_ Kawasaki's Disease \_\_\_\_\_ Sickle Cell Disease \_\_\_\_\_  
Diabetes \_\_\_\_\_ For Women: menstrual problems \_\_\_\_\_ Other \_\_\_\_\_

Any mental illness \_\_\_\_\_ Explain \_\_\_\_\_

Allergies or reactions to any medication \_\_\_\_\_ Allergy to food, plants or insect bites \_\_\_\_\_

Have you had more than a brief minor illness (24 hrs or more), injury or emotional difficulty during the past year? \_\_\_\_\_

If so, what? \_\_\_\_\_

Operations, serious injuries or hospitalization with date(s), for any reason \_\_\_\_\_

Any restriction of activity for medical reasons? \_\_\_\_\_ Explain \_\_\_\_\_

If you are currently taking medication or receiving medical treatment? (Complete information on page 5 or explain here.) \_\_\_\_\_

**NOTE: BE SURE TO BRING MEDICATION NEEDED WHILE AT PHILMONT INCLUDING INHALER IF ASTHMATIC AND EPIPEN IF SUBJECT TO ANAPHYLAXIS. YOU SHOULD NOT STOP TAKING MAINTENANCE MEDICATION WHILE AT PHILMONT.**

**AUTHORIZATION FOR PARTICIPATION AND MEDICAL CARE:** I the undersigned, have read and understand this entire form, including the sections entitled *PHYSICIAN PLEASE NOTE, THE PHILMONT TREK EXPERIENCE, AND RECOMMENDATIONS REGARDING CHRONIC ILLNESSES*. The applicant's health history is accurate and complete to the best of my knowledge and the applicant has permission to engage in all Philmont activities described, except as specifically noted on this form by me or the physician. If I cannot be reached in an emergency, I hereby give permission for medical personnel, or the adult leader in charge, to treat, hospitalize, secure anesthesia or to order injection, surgery or other treatment for the person described herein. I further authorize Philmont's staff to disclose to, or obtain from, any physician, hospital, or other health care provider, any personal and/or medical information reasonably deemed necessary for applicant's medical care or treatment.

**ALL INFORMATION IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE**

APPLICANT SIGNATURE REQUIRED \_\_\_\_\_

DATE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE REQUIRED IF APPLICANT UNDER 18 YRS OF AGE \_\_\_\_\_

DATE \_\_\_\_\_



# MEDICAL EVALUATION

## PHYSICIAN PLEASE NOTE

### A. Philmont is a remote wilderness area where participants:

- \* carry 35-50 lb backpack
- \* hike 5-12 miles/day, for 10 days
- \* hike at altitudes from 6,500 to 12,500 feet
- \* are in very low humidity (10%-30%)
- \* experience temperature ranges from 30 to 90 degrees F

### B. Care for injuries or illness:

- \* may take 6-12 hrs or longer for direct assessment and evacuation
- \* may be delayed by thunderstorms or other natural occurrences

1. PHYSICAL EXAMINATION: Height \_\_\_\_\_  
Weight \_\_\_\_\_

Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_  
Maximum Weight for Height \_\_\_\_\_ (from chart, Page 6)  
An individual exceeding this limit will not be permitted to participate.

	Normal	Abnormal		Normal	Abnormal
Eyes	[ ]	[ ]	Range of Mobility:		
Ears	[ ]	[ ]			
Nose	[ ]	[ ]			
Throat	[ ]	[ ]	Knees both)	[ ]	[ ]
Lungs	[ ]	[ ]	Ankle (both)	[ ]	[ ]
Heart	[ ]	[ ]	Spine	[ ]	[ ]
Abdomen	[ ]	[ ]	Other:	Yes	No
Genitalia	[ ]	[ ]			
Skin	[ ]	[ ]			
Emotional	[ ]	[ ]			
Adjustment	[ ]	[ ]			
			Contacts	[ ]	[ ]
			Dentures or	[ ]	[ ]
			Oral Braces		
			Inguinal Hernia	[ ]	[ ]

## IMMUNIZATION HISTORY

If disease, put "D" and year. Tetanus immunization must have been received within last 10 years.

	Last year given
Tetanus	_____
Diphtheria	_____
Pertussis	_____
Measles	_____
Mumps	_____
Rubella	_____
Polio	_____
Chicken Pox	_____

List any medical diagnoses and explain any abnormalities noted above:

## 2. ALLERGIES: (To what agent, type of reaction, treatment)

## 3. RECOMMENDATIONS AND/OR RESTRICTIONS

A. I certify that I have, today, reviewed the health history and examined this person and find him/her physically fit to participate in the "Philmont Trek Experience" as outlined above and on page 5 of this form, including:

Weight for height limit \_\_\_\_ Yes \_\_\_\_ No    Camping/Hiking \_\_\_\_ Yes \_\_\_\_ No    Rock Climbing \_\_\_\_ Yes \_\_\_\_ No  
Horseback Riding \_\_\_\_ Yes \_\_\_\_ No    Mtn. Biking \_\_\_\_ Yes \_\_\_\_ No    Backpacking \_\_\_\_ Yes \_\_\_\_ No

B. Restrictions (if none, so state) \_\_\_\_\_

4. PHYSICIAN'S SIGNATURE: Physician licensed to practice medicine (MD, DO). An examination conducted by a certified physician's assistant, or a nurse practitioner will be recognized. (Please include name and phone # of sponsoring physician.)

To Health Care Provider: DO NOT certify an individual who:

- ✓ Is overweight (see height/weight limits, pg 6)
- ✓ Has significant heart disease, asthma, hypertension
- ✓ Has had recent orthopedic surgery or musculoskeletal problems
- ✓ Has incompletely controlled psychiatric disorders

Printed Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Office Phone # ( \_\_\_\_\_ ) \_\_\_\_\_  
Date \_\_\_\_\_  
Examiner's Signature \_\_\_\_\_

Patient must meet guidelines on pages 1 & 2

STAFF PHYSICIANS AT PHILMONT RESERVE THE RIGHT TO DENY THE PARTICIPATION OF ANY INDIVIDUAL ON THE BASIS OF A PHYSICAL EXAMINATION AND/OR THEIR MEDICAL HISTORY. ALL MEDICAL EVALUATION FORMS WILL BE CHECKED BY PHILMONT MEDICAL STAFF BEFORE A PARTICIPANT BEGINS A TREK. AREAS OF CONCERN INCLUDE, BUT ARE NOT LIMITED TO: HEART DISEASE, HIGH BLOOD PRESSURE, SEIZURE DISORDER, SICKLE CELL ANEMIA AND HEMOPHILIA, ASTHMA, DIABETES, RECENT ORTHOPEDIC SURGERY, AND EXCESSIVE WEIGHT. (Refer to Pages 1, 2, & 6 of this form.)

DO NOT WRITE BELOW THIS LINE - PHILMONT USE ONLY

REVIEW FOR CAMP OR SPECIAL ACTIVITY

SCREENED BY \_\_\_\_\_ DATE \_\_\_\_\_

RECHECK BY PHYSICIAN: \_\_\_\_ YES \_\_\_\_ NO REASON \_\_\_\_\_ BY \_\_\_\_\_ DATE \_\_\_\_\_



## MEDICATION FORM

List all medication currently used. Include any occasionally used medication such as inhalers or EpiPens.

Participants Name \_\_\_\_\_ Expedition # \_\_\_\_\_

<p>Medication: _____</p> <p>Strength: _____</p> <p>Frequency: _____</p> <p>Reason for taking this medication: _____</p> <p>Approximate Date Started: _____</p> <p>Temporary: _____ Permanent _____</p> <p>Side Effects _____</p> <p>Storage Instructions (if any): _____</p> <p>Name of Prescribing Physician _____</p> <p>Physician's Phone # _____</p>	<p>Medication: _____</p> <p>Strength: _____</p> <p>Frequency: _____</p> <p>Reason for taking this medication: _____</p> <p>Approximate Date Started: _____</p> <p>Temporary: _____ Permanent _____</p> <p>Side Effects _____</p> <p>Storage Instructions (if any): _____</p> <p>Name of Prescribing Physician _____</p> <p>Phone # _____</p>
<p>Medication: _____</p> <p>Strength: _____</p> <p>Frequency: _____</p> <p>Reason for taking this medication: _____</p> <p>Approximate Date Started: _____</p> <p>Temporary: _____ Permanent _____</p> <p>Side Effects _____</p> <p>Storage Instructions (if any): _____</p> <p>Name of Prescribing Physician _____</p> <p>Physician's Phone # _____</p>	<p>Medication: _____</p> <p>Strength: _____</p> <p>Frequency: _____</p> <p>Reason for taking this medication: _____</p> <p>Approximate Date Started: _____</p> <p>Temporary: _____ Permanent _____</p> <p>Side Effects _____</p> <p>Storage Instructions (if any): _____</p> <p>Name of Prescribing Physician _____</p> <p>Physician's Phone # _____</p>
<p>Medication: _____</p> <p>Strength: _____</p> <p>Frequency: _____</p> <p>Reason for taking this medication: _____</p> <p>Approximate Date Started: _____</p> <p>Temporary: _____ Permanent _____</p> <p>Side Effects _____</p> <p>Storage Instructions (if any): _____</p> <p>Name of Prescribing Physician _____</p> <p>Physician's Phone # _____</p>	<p>Medication: _____</p> <p>Strength: _____</p> <p>Frequency: _____</p> <p>Reason for taking this medication: _____</p> <p>Approximate Date Started: _____</p> <p>Temporary: _____ Permanent _____</p> <p>Side Effects _____</p> <p>Storage Instructions (if any): _____</p> <p>Name of Prescribing Physician _____</p> <p>Physician's Phone # _____</p>



## **RISK ADVISORY - PHILMONT SCOUT RANCH**

Philmont has an excellent health and safety record with over 750,000 adults and young people having attended over the last 65 years. Philmont strives to minimize risks to participants and advisors by emphasizing proper safety precautions. Most participants in Philmont programs do not experience injuries because they are prepared, are conscious of risks, and take safety precautions. If you decide to attend Philmont, you should be physically fit, have proper clothing and equipment, be willing to follow instructions and work as a team with your crew and take responsibility for your own health and safety. For further information please thoroughly read the *Guidebook to Adventure* which will be mailed in mid-March. Like other wilderness areas, Philmont is not risk free and you should be prepared to listen to safety instructions carefully, follow directions and take appropriate steps to safeguard yourself and others.

Parents, guardians and potential participants in Philmont programs are advised that journeying to and from Philmont, and one's stay at Philmont, can involve exposure to accident, illness, and/or injury associated with a high elevation, physically demanding, high adventure program in a remote mountainous area. Campers may be exposed to occasional severe weather conditions such as lightning, hail, flash floods and heat. Other potential problems include: injuries from tripping and falling, motor vehicle accidents, worsening of underlying medical conditions such as diabetes or asthma, heart attacks, heat exhaustion and falls from horses.

Philmont's trails are steep and rocky. Wild animals such as bears, rattlesnakes and mountain lions are native and usually present little danger if proper precautions are taken. Please refer to the *Guidebook to Adventure*, speak with previous Philmont participants, or call Philmont for further information concerning risks and measures which can be taken to avoid accidents.

Philmont has staff trained in first aid, CPR and accident prevention, and is prepared to assist in recognizing, reacting, and responding to accidents, injuries and illnesses. Each crew is also required to have at least one member trained in first aid and CPR. Medical and search and rescue services are provided by Philmont in response to an accident or emergency, however, response times can be affected by location, weather or other emergencies and could be delayed six (6) or more hours.

## **PHILMONT WEIGHT LIMITS FOR BACKPACKING & HIKING**

Each participant in a Philmont trek must not exceed the maximum acceptable limit in the weight for height chart shown below. The right hand column shows the maximum acceptable weight for a person's height in order to participate in a Philmont trek. Those who fall within the limits are more likely to have an enjoyable trek and avoid incurring health risks. Every Philmont trek involves hiking with a 35-50 lb. backpack between 6,500 and 12,500 ft. elevations. Philmont recommends that participants carry a pack weighing no more than 25-30% of their body weight.

Participants 21 years and older who exceed the maximum acceptable weight limit for their height at the Philmont medical recheck, **will not** be permitted to backpack or hike at Philmont. For example, a person 5'10" cannot weigh more than 226 lbs. ***The Philmont physicians will use their best professional judgment in determining participation in a Philmont trek by individuals under 21 years of age who exceed the maximum acceptable weight for height. Participants under 21 years of age are strongly encouraged to meet the weight limit for their height, and exceptions are not made automatically and the maximum allowable exception will be 20 lbs. Discussion in advance with Philmont regarding any exception to the weight limit for persons under 21 years of age is required, whether it is over or under.***

**Under no circumstance will any individual over 295 lbs. be allowed to participate regardless of height or age.** This limit is necessary due to limitations of rescue equipment and for the safety of Philmont personnel. The maximum weight for any participant in a Cavalcade Trek and for horse rides is 200 lbs.

HEIGHT	RECOMMENDED WEIGHT (lbs.)	MAXIMUM ACCEPTANCE
5'0"	97 - 138	166
5'1"	101-143	172
5'2"	104-148	178
5'3"	107-152	183
5'4"	111-157	189
5'5"	114-162	195
5'6"	118-167	201
5'7"	121-172	207
5'8"	125-178	214
5'9"	129-185	220

HEIGHT	RECOMMENDED WEIGHT (lbs.)	MAXIMUM ACCEPTANCE
5'10"	132-188	226
5'11"	136-194	233
6'0"	140-199	239
6'1"	144-205	246
6'2"	148-210	252
6'3"	152-216	260
6'4"	156-222	267
6'5"	160-228	274
6'6"	164-234	281
6'7" & over	170-240	295

This table is based on the revised Dietary Guidelines for Americans from the U.S. Dept. of Agriculture and the Dept. of Health & Human Services.